

**EXHIBIT "I"**

SOJ 02  
rev 6/97MENTAL HEALTH  
ROUTING SHEETDate: 5-20-06☐ Requested by Inmate☐ Requested by StaffINMATE NAME: Sinkov, SpencerDOB: 4-22-85JAIL # 21506

PC # \_\_\_\_\_

STAFF MEMBER REFERRING: Joe Waters MS

1A - INMATES BEHAVIOR OBSERVED BY STAFF MEMBER: (Check applicable)

- ☐ Appears depressed  
☐ Appears withdrawn  
☐ Crying  
☐ Anxiety/fear  
☐ Obsessions/compulsions  
☐ Pacing  
☐ Unusually happy

- ☐ Drastic change in behavior  
☐ Disoriented  
☐ Inappropriate behavior  
☐ Not sleeping (prolonged)  
☐ Not eating (prolonged)  
☐ Incoherent conversations  
☐ Other

1B - EXPLAIN OBSERVATIONS: (Write Details) History of substance abuse and family problems.

(If from outside source, write FULL name and telephone number)

2 - ACTION BY SUPERVISOR: \_\_\_\_\_

- ☐ REFERRED  
☐ 15 MINUTE CHECK

- ☐ MOVED TO OTHER HOUSING  
☐ CONSTANT WATCH

TO BE COMPLETED BY MENTAL HEALTH STAFF

3 - EVALUATED BY MENTAL HEALTH DATE: \_\_\_\_\_ BY: \_\_\_\_\_ (print)  
(Diagnosis, treatment, medications and recommendations)

Supervision: Routine (R) \_\_\_\_\_ 15 Minute (P2) \_\_\_\_\_ Constant (P1) \_\_\_\_\_

☐ 402.9 ☐ 508 ☐ CNYCP, Marcy ☐ 939/401

SIGNATURE OF MENTAL HEALTH EVALUATOR \_\_\_\_\_